

CITY OF MINNEAPOLIS METROPASS

Cancellation / Suspension Request Form

☐ Cancellation Request

Please cancel my participation in the Metropass program effective _____
Last day of month

Check the reason: ☐ Retirement / Resignation ☐ Other

- I understand that my cancellation form must be submitted at least 30 days prior to the cancellation date and ridership ends on the last day of the month.
Example: To cancel participation effective March 31st, submit a request on or before March 1st.
- I understand that there will be no refunds issued for late cancellations.
- I understand that my **Metropass must be returned** to the Human Resources Benefits Office at the time the cancellation becomes effective.
- I understand if I cancel participation and later re-enroll in the program, I must submit an Enrollment/Re-Enrollment form 30 days prior to the effective date.

☐ Suspension Request

Please suspend my participation in the Metropass program effective _____
Last day of month

CHOOSE ONE:

☐ I would like to have my pass reinstated on the following date _____
First day of month

☐ I am not sure if or when I will re-enroll, and I understand that after three months my pass will be deactivated.

- I understand that to re-enroll following a suspension of more than three months, I must submit an Enrollment/Re-Enrollment form to Benefits by the first of the month in order for my Metropass to be effective the following month.
- I understand that this form must be submitted 30 days prior to the effective date shown above and ridership ends on the last day of the month.
Example: To suspend participation effective March 31st, submit a request on or before March 1st.
- I understand that I will keep my Metropass while it is suspended, but it will be temporarily deactivated. When I return, I will use the same card. If I choose to cancel participation, I must complete out a new Cancellation/Suspension Request Form and return the form and the Metropass to Benefits.

Check one: <input type="checkbox"/> Metropass (\$60.00) <input type="checkbox"/> MPEA Union (\$50.00) <input type="checkbox"/> Appointed (no cost)		
<i>Monthly Metropass costs may change. Employees will be notified of any change in the monthly cost.</i>		
Employee Name (please print)	Employee ID Number	Work Telephone Number
Employee Signature		Date

Contact City Benefits at 612-673-3333 or Benefits@minneapolismn.gov if you have questions.

Updated: 1/7/2014